

No. 2
-13-40
17-39
X23159

Registration District No. **399** Primary Registration District No. **1002**

FILED DEC 11 1940

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1. PLACE OF DEATH:

(a) County **Jackson**

(b) City or town **Kansas City**
(If outside city or town limits, write "RURAL" and name of town)

(c) Name of hospital or institution: **2323 Flora**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **22 days**
(Specify whether years, months or days)

In this community **22 days**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**

(c) City or town **Kansas City**
(If outside city or town limits, write "RURAL")

(d) Street No. **2323 Flora**
(If rural, give location)

(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME **Jacqueline G. Walker**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**

4. Sex **Fe** 5. Color or race **Col** 6. (a) Single, widowed, married, divorced **Single**

6. (b) Name of husband or wife **None** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **October 9, 1940**
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days **22** If less than one day _____ hr. _____ min.

9. Birthplace **Kansas City Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Infant**

11. Industry or business _____

12. Name **Mack Walker**

13. Birthplace **Almo Texas**
(City, town, or county) (State or foreign country)

14. Maiden name **Mary A. Myers**

15. Birthplace **Texas**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mack Walker**

(b) Address **2323 Flora**

17. (a) **burial** (b) Date thereof **11/1/40**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Highland Cem.**

18. (a) Signature of funeral director **Trickins Bros**

(b) Address **1729 Lydia**

19. (a) **11-1-40** (b) **M. M. Brown**
(Date received local registrar) (Registrar's signature)

MOTHER FATHER

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct.** day **31**
year **1940** hour **3** minute **30 A. M.**

21. I hereby certify that I attended the deceased from **Oct. 30 - 1940** to **Oct. 31 - 1940**
that I last saw him alive on **Oct 30 - 1940**
and that death occurred on the date and hour stated above.

Immediate cause of death **Broncho. Pneumonia Primary**

Due to _____

Due to _____

Other conditions **(Include pregnancy within 3 months of death)**

Major findings: Of operations _____

Of autopsy **No**

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
(Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature **L. W. Booker** (M. D. or other) _____
Address **2028 Union St.** Date signed **Dec. 31/40**

Boonville

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

working under my personal supervision.

Registered Apprentice No.....

Signed.....

Isaac Jerome Manlove

Licensed Embalmer No.....

3994

P. O. Address.....

1120 E. 23rd St.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.